



May 20, 2014

Health Advisory

Updated Guidance on Screening for Syphilis in Response to Ongoing Outbreak in North Dakota and South Dakota

This advisory provides an update on the ongoing syphilis outbreak in central North and South Dakota. As of today, there are 73 confirmed cases of syphilis associated with the outbreak. In North Dakota these cases are primarily occurring in Sioux County. This is an acute outbreak with more than half of all cases staged as primary or secondary syphilis. One case of confirmed congenital syphilis has been reported. This event highlights the need for increased screening for **high-risk** pregnant women during pregnancy. The North Dakota Department of Health is asking all obstetrics and gynecology, hospital, emergency department, and other providers in North Dakota to be aware of this outbreak and to screen all patients for syphilis using the following updated criteria as guidance.

- All high-risk pregnant women in North Dakota should be screened for syphilis at least **three** times during the course of pregnancy. This recommendation is made by CDC for areas experiencing high syphilis morbidity. Currently Sioux County in North Dakota qualifies as an area with high syphilis morbidity.
 - Screen 1 should occur at a patient's **first prenatal visit**;
 - Screen 2 should occur in the **third trimester (between 28-32 weeks)** and
 - Screen 3 should occur on the **day of delivery**.

Three screens are essential, even if the first screen is negative. If a woman tests positive, refer to the [Treatment Guidelines](#) (link below) for information on treating both mother and child. **Any** woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis, regardless of risk. No infant should leave the hospital without the serological status of the mother having been determined at least **once** during pregnancy.

- All persons that have a positive Chlamydia or Gonorrhea test or
- Residents of Sioux County, between the ages of 15 and 50 who are sexually active or
- Patients who have sexual partners from Sioux County or
- All men who have sex with men or

- All patients with ano-genital lesions or
- All patients with oral lesions suggestive of a primary syphilitic chancre or
- All patients presenting with a rash, especially palmar or plantar rashes, alopecia or gummatous lesions
- All patients with neurological signs or symptoms of unknown cause and syphilis has not yet been ruled out.

Treatment

Benzathine penicillin G (i.e., Bicillin, LA™) remains the preferred treatment for syphilis. The table below lists the recommended treatment based on stage and presentation of the disease.

Stage of Syphilis	Recommended Treatment
Primary, Secondary & Early Latent	1 dose of Benzathine Penicillin G, 2.4 million units IM
Latent Syphilis > 1 year duration or of unknown duration	Benzathine Penicillin G, 7.2 million units total, administered as three doses of 2.4 million units IM each at one-week intervals
Tertiary Syphilis	Benzathine Penicillin G, 7.2 million units total, administered as three doses of 2.4 million units IM each at one-week intervals
Neurosyphilis	Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every four hours or continuous infusion for 10 to 14 days
Syphilis in Pregnancy	Pregnant women should be treated with penicillin appropriate for their stage of infection. Pregnant women with penicillin allergy will need to undergo a penicillin desensitization protocol. For more information, please contact the North Dakota Department of Health.
Congenital Syphilis	Treatment of the baby is dependent on multiple factors. Please consult with the North Dakota Department of Health for the most appropriate protocol for the given situation.

Non-pregnant persons infected with syphilis in whom penicillin is contraindicated can be treated with alternative regimens, depending on the stage of syphilis diagnosed. Alternative regimens consist of oral doxycycline or tetracycline and require two to four weeks of treatment. Compliance with these regimens must be monitored.

For the management of sexual contacts of infected individuals, testing and treatment depends on the stage of the index case. Presumptive treatment, along with testing, **should be** given to persons exposed to primary, secondary, early latent syphilis or to those exposed to individuals with latent syphilis of unknown duration with high titers (i.e. 1:32). Partners exposed to an

unknown stage of syphilis should be tested and treated presumptively. Long-term sex partners of patients who have latent syphilis should be evaluated clinically and serologically for syphilis and treated on the basis of the evaluation findings.

*Additional information relating to staging disease and testing methodologies can be found in a previous communication at www.ndhan.gov/data/health/HAN%202014-02-14_Syphilis.pdf *

Reporting

Syphilis is a mandatory reportable condition in North Dakota. Providers are encouraged to report all cases of infectious syphilis by phone. **Providers making a clinical diagnosis of primary or secondary syphilis should report these diagnoses to the North Dakota Department of Health immediately instead of waiting for test results and laboratory reporting to occur.** Reports can be made by calling 701.328.2378 or 800.472.2180.

Additional Information

Providers seeking more information are encouraged call the North Dakota Department of Health at 701.328.2378 or refer to the Centers for Disease Control and Prevention 2010 Sexually Transmitted Diseases Treatment Guidelines available at www.cdc.gov/std/treatment/2010/default.htm. There is a self-study module for syphilis targeted towards providers available at: www2a.cdc.gov/stdtraining/self-study/syphilis/default.htm.

Categories of Health Alert messages:

- Health Alert conveys the highest level of importance; warrants immediate action or attention.
- Health Advisory provides important information for a specific incident or situation; may not require immediate action.
- Health Update provides updated information regarding an incident or situation; no immediate action necessary.
- Health Information provides general information that is not necessarily considered to be of an emergent nature.

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.